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March 31, 2006

John Shilts
State of Oregon
Workers Compensation Division Administrator
PO Box 14480
Salem, Oregon 97309-0405

RE: Independent Medical Evaluations - Psychiatric

Dear Mr. Shilts:

As a psychiatrist who has had a very busy inpatient and outpatient practice, with clinical experience working at mental health centers and state hospitals, on medical school faculties, and in the military, I began incorporating medical-legal consultations (assessments related to workers compensation, fitness for duty, children's services, competency, personal injury) into my work during the late 1980's, with a practice emphasis ultimately focused on forensic assessments over the past ten years and after some three thousand evaluations.

The reason for this letter is to appraise you of my very strong concerns related to the proposed administrative rule dictating a seven-day turnaround time for independent medical evaluations, which in my experience would be unworkable and do a disservice if the purpose of the IME is to provide a comprehensive, accurate and "well reasoned" history and assessment of the clinical situation.

As a psychiatrist performing independent forensic evaluations, the goal is to put forth my best clinical judgement based on a state of the art and science of psychiatry/medicine. To do this, I will have reviewed the available records (frequently quite extensive material sometimes going back many years, with hard to decipher

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handwritten clinical notes and hospital records, as well as depositions, legal proceedings, etc.), conducted a typically two-hour psychiatric interview, and dictated a draft of the findings within hours. Over the next several days, I will then edit the report on a personal computer in a process that includes revisiting the medical records and pertinent medical literature (the latest information/articles/insights germane to the case that help to more fully clarify the situation and document any conclusions), with particular emphasis on re-thinking my initial clinical impressions: As can be appreciated, with additional readings - particularly of extensive records - one learns more, and further concepts, ideas, hypotheses present themselves (insight).

After editing the report, which involves multiple reviews of a twelve-to-eighteen-page document, the final process must be proof read for accuracy. This is usually done by someone in my office very experienced with my writing style and reports, as I find it quite useful to have another pair of eyes reviewing the material for errors, etc.; further, should the proofreader not understand what I'm trying to say, it is then necessary for me to return to the report and clarify any inconsistencies or poorly reasoned/worded history and clinical opinions.

Finally, I have learned over time that before completing and submitting a report, it is best to wait for and incorporate any additional pending data (contemporaneous reports, testing material, etc.) into my final assessment - An addendum simply does not have the same effect. More crucially is the importance of understanding how helpful it is to have time to think about the case and review psychiatric research/knowledge in tandem with the records. All of this represents a time-consuming process, however; I do not simply dictate a report and come in the next day to sign it.

While essential to have evaluations processed and submitted in a timely fashion, an artificial/arbitrary seven-day rule ultimately sabotages the purpose of an IME. Over the years, these assessments have become more complicated, with the reports more detailed and sophisticated, demanding greater input from the author: Even what looks like a quick and easy case often turns out to be quite complex when investigated; this, because there is a reason, often not superficially revealed, why some injuries go on to require IME's when most do not. Again, it is my experience that hastily prepared reports are prone to superficiality and/or snap judgments - thus, of little benefit to the system they are meant to facilitate.

Having an emphatic concern that I would be significantly handicapped in doing my best work under the deadline currently

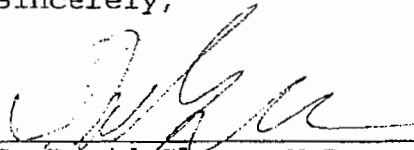
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considered, I would be most happy to discuss my experience conducting independent medical evaluations, as well as philosophy/ understanding of that process, with any groups or individuals.

Thank you for your time.

Sincerely,



S. David Glass, M.D.
Psychiatry

cc: B. Hudlow